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Bib Data Sheet

CONFIRMATION NO. 6801

|   |   |   |   |  |                                |
|---|---|---|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/073,261  | <b>FILING DATE</b><br>02/13/2002<br><b>RULE</b>   | <b>CLASS</b><br>711                       | <b>GROUP ART UNIT</b><br>2185   | <b>ATTORNEY DOCKET NO.</b><br>1509-275 |                                |
| <b>APPLICANTS</b><br>John Richard Clarke, Clevedon, UNITED KINGDOM;   |   |   |   |  |                                |
| <b>** CONTINUING DATA *****</b>   |   |   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0104815.6 02/27/2001   |   |   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/01/2002</b>  |   |   |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no   |   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>26              | <b>INDEPENDENT CLAIMS</b><br>9 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |   |   |  |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |   |   |   |  |                                |
| <b>ADDRESS</b><br>LOWE HAUPTMAN GILMAN & BERNER, LLP<br>Suite 310<br>1700 Diagonal Road<br>Alexandria ,VA 22314                       |   |   |   |  |                                |
| <b>TITLE</b><br>Device and method for data timestamping   |   |   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1482  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |